CITY OF WALLACE BUILDING PERMIT PRE-APPLICATION

The following information may not be required for ALL building permits applications, but please complete the areas, which pertain to your project. This is <u>not</u> a building permit. No construction can begin until a building permit is issued. Commercial construction or new construction, such as a house, requires <u>two sets of plans</u> from the contractor. <u>SITE PLAN MUST SHOW</u> boundaries and dimensions, proposed and existing structures, setbacks, roads, parking, sewer/septic facilities, and other pertinent information.

| OWNER'S NAME: | | PHONE: | |
|--|----------------|-----------------------|-------------|
| MAILING ADDRESS: | CITY: | | ZIP: |
| APPLICANT/CONTRACTOR: | | PHONE: | |
| MAILING ADDRESS: | _ CITY: | | ZIP: |
| SITE ADDRESS: | | TAX PARCEL# | |
| LEGAL DESCRIPTION: LOT | LOT SIZE _ | BI | LOCK |
| ADDITION (IF APPLICABLE): | | | |
| TOTAL SQUARE FOOTAGE OF BUILDING: | | HEIG | HT: |
| # OF EXISTING BUILDINGS ON LOT: | | USE OF BUILDING | : |
| CLASS OF WORK: | | | |
| NEW ADDITION ALTERATION _ | MOVE_ | REMOVE | ALERATION |
| PURPOSE OF PERMIT: | 100 | | |
| | | | |
| (You may attach a copy of | the legal desc | ription if necessary) | |
| MOBILE HOME INFORMATION: YEAR | MAKE | | _ SIZE |
| I HEREBY ACKNOWLEDGE THAT I HA THAT THE ABOVE INFORMATION ANI I AGREE TO COMPLY WITH ALL ORDIA BUILDING CONSTRUCTION. | STATEMEN | TS I HAVE MADE A | RE CORRECT. |
| Applicant's Signature | - | Date | |

* All entities marked below must be contacted for approval prior to the issuance of a building permit. Please call the appropriated phone number listed to make an appointment.

| 11 III TATA (A) TATEMA TATEMA ATTA | CONTACT | (000) 500 5511 | DATE | SIGNATURE |
|------------------------------------|-----------------|----------------|---------|-----------|
| BUILDING DEPARTMENT | MARK MAGNUS | (208) 783-7751 | | |
| LOOD PLAIN | | | | |
| LANNING & ZONING | | | | 10000 |
| Limital & Zolvino | | | | |
| SHOSHONE COUNTY | JIM WALCKER | (208) 752-1101 | | |
| TIRE DISTRICT #1 | | | | |
| E. SHOSHONE COUNTY | CARL SCHEEL | (208) 752-1174 | | |
| WATER DISTRICT | CANDLLOCKHART | (200) 702 0707 | - | |
| ANHANDLE HEALTH | SANDI LOCKHART | (208) 783-0707 | | |
| OUTH FORK SEWER | ROSS STOUT | (208) 753-8041 | | |
| DISTRICT | | | | |
| AVISTA | ALLISON BLALACK | (208) 786-6931 | | |
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